

SENATE RECORD VOTE ANALYSIS

105th Congress
2nd Session

Vote No. 73

April 2, 1998, 6:35 pm
Page S-3077 Temp. Record

BUDGET RESOLUTION/Federal Health Care Legislation

SUBJECT: Senate Concurrent Budget Resolution for fiscal years 1999-2003 . . . S.Con. Res. 86. Nickles motion to table the Kennedy amendment No. 2183.

ACTION: MOTION TO TABLE AGREED TO, 51-47

SYNOPSIS: As reported, S.Con. Res. 86, the Senate Concurrent Budget Resolution for fiscal years 1999-2003, will balance the unified budget in 1998 and will run surpluses for each of the next 5 fiscal years. Both Federal spending and Federal revenues will increase 3.5 percent from fiscal year (FY) 1998 to FY 1999. All surpluses will be reserved for Social Security reform. A reserve fund will be established to allow the entire Federal share of revenues resulting from a potential tobacco settlement to be dedicated to bolstering Medicare's solvency.

The Kennedy amendment would express the sense of the Senate that this resolution assumes that the Federal Government will pass a "patient's bill of rights" to impose extensive national health care mandates on health care plans, including mandates requiring the provision of medical services to meet "the special needs of women," "the special needs of children," and "the special needs of individuals with disabilities." Other assumptions of the Kennedy amendment include the enactment of Federal mandates to require: the establishment of a "procedure to hold health plans accountable for their decisions;" the establishment of a procedure "to provide for the appeal of a decision of a health plan to deny care;" "measures to protect the integrity of the physician-patient relationship;" "measures to provide greater information about health plans;" and mandates to make sure that provider networks have enough doctors to give all of the mandated services. The amendment would also make several findings, including that "the Advisory Commission on Consumer Protection and Quality in the Health Care Industry has unanimously recommended a patient bill of rights to protect patients against abuses by health plan and health insurance issuers" (the amendment does not note that the Commission, which was comprised of individuals appointed by President Clinton, specifically refused to endorse the enactment of Federal legislation to require a patient bill of rights).

Debate on a first-degree amendment to a budget resolution is limited to 2 hours. Debate on the Kennedy amendment was further

(See other side)

YEAS (51)		NAYS (47)			NOT VOTING (2)	
Republicans (51 or 94%)	Democrats (0 or 0%)	Republicans (3 or 6%)	Democrats (44 or 100%)		Republicans (1)	Democrats (1)
Abraham	Hutchison	D'Amato	Akaka	Johnson	Helms- ^{2AY}	Inouye- ²
Allard	Inhofe	Faircloth	Baucus	Kennedy		
Ashcroft	Jeffords	Specter	Biden	Kerrey		
Bennett	Kempthorne		Bingaman	Kerry		
Bond	Kyl		Boxer	Kohl		
Brownback	Lott		Breaux	Landrieu		
Burns	Lugar		Bryan	Lautenberg		
Campbell	Mack		Bumpers	Leahy		
Chafee	McCain		Byrd	Levin		
Coats	McConnell		Cleland	Lieberman		
Cochran	Murkowski		Conrad	Mikulski		
Collins	Nickles		Daschle	Moseley-Braun		
Coverdell	Roberts		Dodd	Moynihan		
Craig	Roth		Dorgan	Murray		
DeWine	Santorum		Durbin	Reed		
Domenici	Sessions		Feingold	Reid		
Enzi	Shelby		Feinstein	Robb		
Frist	Smith, Bob		Ford	Rockefeller		
Gorton	Smith, Gordon		Glenn	Sarbanes		
Gramm	Snowe		Graham	Torricelli		
Grams	Stevens		Harkin	Wellstone		
Grassley	Thomas		Hollings	Wyden		
Gregg	Thompson					
Hagel	Thurmond					
Hatch	Warner					
Hutchinson						

EXPLANATION OF ABSENCE:

- 1—Official Business
- 2—Necessarily Absent
- 3—Illness
- 4—Other

SYMBOLS:

- AY—Announced Yea
- AN—Announced Nay
- PY—Paired Yea
- PN—Paired Nay

limited by unanimous consent. After debate, Senator Nickles moved to table the Kennedy amendment. Generally, those favoring the motion to table opposed the amendment; those opposing the motion to table favored the amendment.

NOTE: For related debate, see vote No. 72.

Those favoring the motion to table contended:

The Kennedy amendment is grossly mislabeled as a "patient's bill of rights." Do the American people want the "right" to have substandard, bureaucratized, expensive, federally dictated health care? If they do, then they will love the Kennedy amendment, because that is exactly what it would give them. The amendment is based on a bill introduced by the senior Senator from Massachusetts just 2 days ago. That bill is comprised of 68-pages of far-reaching health care mandates. It has been offered in contravention of the recommendation of health care professionals and even the President's Commission on Quality Care. The Commission was appointed by President Clinton, and certainly knew of President Clinton's and liberal Members' of Congress strong desire for Federal mandates on health benefits. Still not even the President's own Commission could bring itself to recommend imposing such mandates.

Should health care plans provide certain basic services? Of course. Our disagreement with our colleagues is not over whether women, children, the disabled, or anyone should get medical treatment--the question is how best to guarantee that they will get that treatment. Our colleagues think that we should impose 68 pages of Federal mandates. We strongly disagree. Doing so would just drive up costs and add tons of paperwork and bureaucracy requirements that will hinder the provision of health care services. According to the Council for Affordable Health Insurance, Maryland has enacted just 40 mandates of the type that are being pushed by Senator Kennedy, and those mandates have increased health insurance premiums by more than 20 percent in that State. The Health Benefits Coalition for Affordable Choice and Quality, the Healthcare Leadership Council, the American Hospital Association, the Mayo Clinic, and the Cleveland Clinic all oppose the Kennedy amendment for similar reasons. Having the Federal Government impose costly new regulations on health care providers would just make it more expensive without improving the quality of care.

The United States has the least amount of government control of health care of just about any country in the world, it is responsible for almost all of the medical advances of the past several decades, and it provides the best care in the world. The United States' medical community has had such great success because it has largely been self-regulating. It sets high standards for itself and it holds itself to those standards. The recent shift to managed care has certainly brought some problems, and the medical community is working to address those problems. We should allow it to proceed. Stifling conformity to Federal laws and regulations would not help matters. To the extent that States have added those mandates, costs have gone up and health insurance has become less accessible. We therefore urge our colleagues to join us in tabling the Kennedy amendment.

Those opposing the motion to table contended:

The Kennedy amendment is so compelling we find it difficult to understand how anyone could oppose it. The American people by an overwhelming majority believe that health plans compromise their care by rationing their access to needed services, and numerous medical peer-reviewed articles have come to the same conclusion. If our colleagues have any doubts as to the reality of this problem, all they need to do is go see Helen Hunt's extraordinary performance in the movie "As Good as it Gets" and their doubts will be resolved. She was very convincing in describing her frustrations in getting past the bureaucracy of a Health Maintenance Organization (HMO) in order to get care for her asthmatic child.

The HMO in the movie, like so many HMOs in real life, was more concerned about making money than providing quality health care. The President's Commission on Consumer Protection and Quality in the Health Care Industry unanimously recommended a patient bill of rights. We agree. Women should not be subject to "drive-through mastectomies;" children should have full access to pediatric experts and centers of pediatric excellence; people with disabilities should be allowed to see specialists as their primary caregivers. These are the types of rights that should be guaranteed. Many HMOs already provide such rights. Such HMOs would have no problems with Federal regulations. Other HMOs, though, would be forced to improve if Congress were to enact a patient bill of rights. The American people should have guaranteed health care rights. If our colleagues agree, they will vote for the Kennedy amendment.